

Humira (Adalimumab) Prior Authorization Request Form



5585

To be completed and signed by the prescriber. To be used only for prescriptions which are to be filled through the Department of Defense (DoD) TRICARE pharmacy program (TPHARM). Express Scripts is the TPHARM contractor for DoD.

MAIL ORDER and RETAIL	<ul style="list-style-type: none">The provider may call: 1-866-684-4488 or the completed form may be faxed to: 1-866-684-4477
	<ul style="list-style-type: none">The patient may attach the completed form to the prescription and mail it to: Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954 or email the form only to: TpharmPA@express-scripts.com

Prior authorization criteria and a copy of this form are available at: http://pec.ha.osd.mil/forms_criteria.php. This prior authorization has no expiration date.

Drug for which Prior Authorization is requested: Humira (adalimumab)

Step 1 Please complete patient and physician information (Please Print)

1

Patient Name: _____

Address: _____

Member # _____

Date of Birth: _____

Physician

Name: _____

Address: _____

Phone #: _____

Secure Fax #: _____

Step 2 Please complete the clinical assessment:

2

1. Is this a continuation of therapy with Humira?	<input type="checkbox"/> Yes Please sign and date. See quantity limits below.	<input type="checkbox"/> No Proceed to Question 2
2. Will the patient be receiving Kineret (anakinra), Enbrel (etanercept), or Remicade (infliximab) in combination with Humira?	<input type="checkbox"/> Yes Coverage not approved	<input type="checkbox"/> No Proceed to Question 3
3. Is Humira being prescribed for the treatment of moderately to severely active rheumatoid arthritis, active psoriatic arthritis, or ankylosing spondylitis?	<input type="checkbox"/> Yes Please sign and date. See quantity limits below.	<input type="checkbox"/> No Proceed to Question 4
4. Is Humira being prescribed for the treatment of moderately to severely active Crohn's disease following an inadequate response to conventional therapy?	<input type="checkbox"/> Yes Please sign and date. See quantity limits below.	<input type="checkbox"/> No Proceed to Question 5
5. Is Humira being prescribed for the treatment of chronic moderate to severe plaque psoriasis in which systemic therapy or phototherapy is indicated?	<input type="checkbox"/> Yes Please sign and date. See quantity limits below	<input type="checkbox"/> No Proceed to Question 6
6. Is Humira being prescribed for the treatment of moderately to severely active juvenile idiopathic arthritis in patients 4 years of age and older?	<input type="checkbox"/> Yes Please sign and date. See quantity limits below.	<input type="checkbox"/> No Coverage not approved

Quantity limits: limited to 4 weeks at retail; 8 weeks at mail order.

Crohn's Disease starter pack limited to 1 pack (6 pens), no refills.

Step 3 I certify the above is true to the best of my knowledge.

3

Please sign and date:

Prescriber Signature

Date